

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|---------------|------------|-----------------|
| FEE DETERMINATION | <i>Boneal</i> | <i>12</i> | <i>03.30.01</i> |
| O.I.P.E. CLASSIFIER | <i>SL</i> | <i>JST</i> | <i>5/3/01</i> |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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C-C
 05-08-01